

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6862

CERTIFICATE OF DEATH

06856

Reg. Dist. No.

| | | | | | |
|--|---|---|---|---|--------------------------|
| 1. PLACE OF DEATH o. COUNTY Garrett | | 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE MARYLAND b. COUNTY Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Allegany | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Lake Park | | c. LENGTH OF STAY IN 1b 5 weeks | | | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Kiser Nursing Home | | e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) | First James | Middle Robert | Last Baker | | |
| 4. DATE OF DEATH | Month June | Day 27 | Year 1958 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH November 1, 1864 | | |
| 9. AGE (In years last birthday) 93 yrs. | 10. IF UNDER 1 YEAR Months 0 | 11. IF UNDER 24 HRS. Days 0 | 12. IF UNDER 24 HRS. Hours 0 | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Gerstell, W. Va. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |
| 13. FATHER'S NAME Levi Baker | 14. MOTHER'S MAIDEN NAME Elizabeth Adams | Address + Mrs. Ruth J. Shoemaker | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. | 17. INFORMANT | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suffocation 442X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Arteriosclerotic Cardio-vascular Disease DUE TO (c) Senility | INTERVAL BETWEEN ONSET AND DEATH 1 week | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | | | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19 | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | 20f. (City or town) Mineral Co. | (County) Keyser, W. Va. | (State) W. Va. |
| 21. I certify that I attended the deceased from 5-22-1958 to 6-26-1958 , that I last saw the deceased alive on 6-26-1958 , and that death occurred at M. , from the causes and on the date stated above. ADDRESS (Street, city or town, state) Mineral Co. Keyser, W. Va. | | | | | |
| ACTUAL SIGNATURE James W. Fessenden Jr. | DATE SIGNED 6-28-58 | | | | |
| PHYSICIAN'S NAME (Type) James W. Fessenden Jr. | | | | | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 22b. DATE THEREOF June 30, 1958 | 22c. NAME OF CEMETERY OR CREMATORIUM Mt. Zion | 22d. LOCATION (City, town, or county) Mineral Co. Keyser, W. Va. | (State) W. Va. | |
| 23. FUNERAL DIRECTOR'S SIGNATURE Geo. K. Chambers Keyser, West Virginia | ADDRESS West 17th St. | 24a. REC'D. BY REGISTRAR JUL 1 1958 | 24b. REGISTRAR'S SIGNATURE Geo. K. Chambers | | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be signed by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06857

CERTIFICATE OF DEATH

Reg. Dist. No.

| | | | |
|---|------------------------------|---|--|
| 1. PLACE OF DEATH o. COUNTY GARRETT | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OAKLAND | | c. LENGTH OF STAY IN lb 1 day | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION GARRETT COUNTY MEMORIAL HOSPITAL | | e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) KITZMILLER | |
| 3. NAME OF DECEASED (Type or print) STANLEY | | First S. | Middle BENDER |
| 4. DATE OF DEATH JUNE 30 1958 | Month JUNE | Day 30 | Year 1958 |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH FEB. 29, 1869 |
| 9. AGE (In years last birthday) 89 yrs. | | 10. IF UNDER 1 YEAR Months 0 | 11. IF UNDER 24 HRS. Days 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Meat Cutter | | 10b. KIND OF BUSINESS OR INDUSTRY Retail | 11. BIRTHPLACE (State or foreign country) Pennsylvania |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13. FATHER'S NAME Jacob R. BENDER | |
| 14. MOTHER'S MAIDEN NAME SNYDER | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | |
| 16. SOCIAL SECURITY NO. --- | | 17. INFORMANT PAUL D. RAFTER | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 330X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause first. (b) DUE TO (c) | | INTERVAL BETWEEN ONSET AND DEATH 2 days 10 yrs | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner) | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19 | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) OAKLAND, MD. | | 20f. (City or town) (County) (State) | |
| 21. I certify that I attended the deceased from 29 June 1958 , to 29 June 1958 , that I last saw the deceased alive on June 29, 1958 , and that death occurred at 11:20 A.M. from the causes and on the date stated above. | | ADDRESS (Street, city or town, state) OAKLAND, MD. | |
| ACTUAL SIGNATURE Andrew E. Mance | | DATE SIGNED 30 Jun 58 | |
| PHYSICIAN'S NAME (Type) ANDREW E. MANCE, M.D. | | OAKLAND MARYLAND | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 22b. DATE THEREOF 7/2/1958 | |
| 22c. NAME OF CEMETERY OR CREMATORIAL I. O. O. F. Cemetery | | 22d. LOCATION (City, town, or county) Elk Garden, W. Va. | |
| 23. FUNERAL DIRECTOR'S SIGNATURE H.C. Lupton | | 24a. REC'D BY REGISTRAR DATE JUL 2 '58 | |
| ADDRESS Oakland, Md. | | 24b. REGISTRAR'S SIGNATURE Aut. Search | |

g. doost.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
 may be signed by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6864

CERTIFICATE OF DEATH

06858

Reg. Dist. No.

| | | | |
|--|------------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY Garrett | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Friendsville, Md. | | c. LENGTH OF STAY IN 1b Life | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION | | e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) SUSAN | | First MAY | Middle BLACK |
| 4. DATE OF DEATH Month June | Day 15 | Year 1958 | |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Apr. 15, 1869 |
| 9. AGE (In years last birthday) 89 yrs. | 10. IF UNDER 1 YEAR Months 0 | 11. IF UNDER 24 HRS. Days 0 | 12. IF UNDER 24 HRS. Hours 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home maker | | 10b. KIND OF BUSINESS OR INDUSTRY own home | |
| 11. BIRTHPLACE (State or foreign country) Elder Hill, Md. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME Elieh Friend | | 14. MOTHER'S MAIDEN NAME Annie E Friend | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. none | |
| 17. INFORMANT Mrs Ralph Beachley, Friendsville, Md. | | Address | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] | | | |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Tanition</i> DUE TO <i>Arteriosclerotic heart disease</i> INTERVAL BETWEEN ONSET AND DEATH <i>1 month</i> | | | |
| Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <i>Arteriosclerotic heart disease</i> 15 years (c) <i>Generalized arteriosclerosis</i> 15 years | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER) | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1b.) | |
| 20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19 | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) |
| 21. I certify that I attended the deceased from <i>June 1, 1958</i> , to <i>June 15, 1958</i> , that I last saw the deceased alive on <i>June 14, 1958</i> , and that death occurred at <i>2:30 P.M.</i> from the causes and on the date stated above. | | | |
| ACTUAL SIGNATURE A PAIGE STRONG | | ADDRESS (Street, city or town, state) GRANTSVILLE, MD. | |
| PHYSICIAN'S NAME (Type) A PAIGE STRONG | | DATE SIGNED | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 22b. DATE THEREOF 6/18/58 | 22c. NAME OF CEMETERY OR CREMATORIAL Addison |
| 22d. LOCATION (City, town, or county) Addison, Somerset Co., Pa. | | (State) | |
| 23. FUNERAL DIRECTOR'S SIGNATURE Don Newman | | ADDRESS Grantsville, Md. | |
| 24a. REC'D. BY REGISTRAR JUN 23 1958 | | 24b. REGISTRAR'S SIGNATURE John L. K. Lewis | |
| DATE | | | |

3月28日，中国科学院植物研究所植物分子生物学国家重点实验室的科研人员在《自然》杂志上报告说，他们通过基因组学方法，首次从生物多样性丰富的热带雨林中筛选出一个具有重要应用前景的基因。

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6865

Item 9 Film G230 6-27-58 et

CERTIFICATE OF DEATH

Reg. Dist. No.

06859

| | | | | | | | | |
|---|----------------------------------|--|---|---|---|---|-------------------|---|
| 1. PLACE OF DEATH a. COUNTY Garrett | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE West Virginia | | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mountain Lake Park | | c. LENGTH OF STAY IN 1b 10 yrs. | | b. COUNTY Mineral | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Keyser | | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Kieser Nursing Home | | | | d. STREET ADDRESS Route 3 | | | | |
| e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | | | | | | |
| 3. NAME OF DECEASED (Type or print) Blanche | | First Virginia | Middle Brewer | Last | 4. DATE OF DEATH June, 18 | Month 1958 | Day | Year |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> | 8. DATE OF BIRTH 15 Sept. 1876n | 9. AGE (In years last birthday) 82 yrs. | IF UNDER 1 YEAR Months 18 | IF UNDER 24 HRS. Days 8 | Hours 0 | Min. 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Maker | | | 10b. KIND OF BUSINESS OR INDUSTRY | | | 11. BIRTHPLACE (State or foreign country) Maryland | | |
| 13. FATHER'S NAME Charles McKenzie | | | | 14. MOTHER'S MAIDEN NAME Metilda Blair | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Nellie Brewer | | Address Frederick, Md. | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Starvation DUE TO 442X Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Arteriosclerotic Cardio-Renal Disease DUE TO Years (c) Hypertrophic Arthritis DUE TO Years | | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Scl. L. t. | | | | | | | | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify MEDICAL EXAMINER) | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | | | |
| 20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19 | | 20d. INJURY OCCURRED While Not while at work <input type="checkbox"/> at work <input type="checkbox"/> | | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20f. (City or town) (County) (State) | | |
| 21. I certify that I attended the deceased from 1-1 1957 to 1-17 1958 , that I last saw the deceased alive on 1-17 1958 , and that death occurred at 1335 M. from the causes and on the date stated above. ACTUAL SIGNATURE J. H. Feaster, Jr. M.D. 58 2nd St. ADDRESS (Street, city or town, state) OAKLAND, MD. DATE SIGNED 6. 20. 58 | | | | | | | | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 22b. DATE THEREOF 21 June 1958 | | 22c. NAME OF CEMETERY OR CREMATORIUM Dawson Cemetery | | 22d. LOCATION (City, town, or county) Allegany Co. Maryland (State) | | |
| 23. FUNERAL DIRECTOR'S SIGNATURE Allen Rotnick | | | | ADDRESS Keyser, W. Va. | | 24a. REC'D BY REGISTRAR DATE JUN 23 1958 | | 24b. REGISTRAR'S SIGNATURE Albert Redlich |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be retained with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

81 380M148-570034 TO THE MTA AND STATE DIVISION

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06860

6866

CERTIFICATE OF DEATH

Reg. Dist. No.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be signed by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it should be filed with page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

| | | | |
|---|---------------------------|---|----------------------------------|
| 1. PLACE OF DEATH a. COUNTY Garrett | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Deer Park, | | c. LENGTH OF STAY IN lb 60 yrs. | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ----- | | e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Claude Middle Francis Last Friend | | 4. DATE OF DEATH Month June Day 18, Year 1958 | |
| S. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | B. DATE OF BIRTH Feb. 1, 1893 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant | | 10b. KIND OF BUSINESS OR INDUSTRY General Store | |
| 11. BIRTHPLACE (State or foreign country) Maryland. | | 9. AGE (In years last birthday) yrs. 65 | |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | 13. FATHER'S NAME Lafayette Friend | |
| 14. MOTHER'S MAIDEN NAME Susan Thrasher | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no | |
| 16. SOCIAL SECURITY NO. (If yes, give war or date of service) 214-32-3542 | | 17. INFORMANT Leo Friend | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 5230 DUE TO <i>Hypocardial Heart Disease</i> 2 years Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) DUE TO <i>Pulmonary Fibrosis</i> 5 years (c) DUE TO <i>Alcoholism</i> 10 years | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19 | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20f. (City or town) (County) (State) | |
| 21. I certify that I attended the deceased from <u>6/13</u> , 19 <u>58</u> to <u>6/17</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>6/17</u> , 19 <u>58</u> , and that death occurred at <u>10:30A.M.</u> from the causes and on the date stated above. | | | |
| ACTUAL SIGNATURE <i>Andrew E. Mance</i> | | ADDRESS (Street, city or town, state) Oakland, Md. | |
| PHYSICIAN'S NAME (Type) Andrew E. Mance, M. D. | | DATE SIGNED <i>19 Jun 58</i> | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 22b. DATE THEREOF 6/20/1958 | |
| 22c. NAME OF CEMETERY OR CREMATORIUM Deer Park Cemetery | | 22d. LOCATION (City, town, or county) (State) Deer Park, Maryland. | |
| 23. FUNERAL DIRECTOR'S SIGNATURE <i>H.C. Brighton</i> | | 24a. REC'D BY REGISTRAR DATE JUN 23 '58 | |
| ADDRESS Oakland, Md. | | 24b. REGISTRAR'S SIGNATURE <i>C.W. French</i> | |

CERTIFICATE OF DEATH

| | | |
|--|------------------|--------------------------|
| NAME OF DECEASED | AGE AT DEATH | CAUSE OF DEATH |
| EDWARD J. HANLEY | 50 | HEART DISEASE |
| ADDRESS | STREET | CITY |
| 100 W. 10TH ST. | APT. 2B | BROOKLYN |
| NAME OF DOCTOR | NAME OF HOSPITAL | NAME OF FUNERAL HOME |
| DR. RICHARD L. COOPER | HOSPITAL | COOPERATION FUNERAL HOME |
| PHONE NUMBER | TIME OF DEATH | DATE OF DEATH |
| 718-382-1234 | 10:00 PM | NOVEMBER 10, 1988 |
| I declare under penalty of perjury that the information contained in this certificate is true and correct. | | |
| EDWARD J. HANLEY | | |
| Signature | | |

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06861

6867

CERTIFICATE OF DEATH

Reg. Dist. No.

| | | | |
|---|------------------------|---|------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Garrett MARYLAND | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Garrett | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland | | c. LENGTH OF STAY IN 1b 33 Yrs. | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Paul Kemphfer, home, High St., Ex. | | e. STREET ADDRESS High St., Extd. | |
| 3. NAME OF DECEASED (Type or print) First Granville Middle Vernon Lost Garrett | | 4. DATE OF DEATH Month June Day 6, Year 1958 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH April 28, 1881 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Coal Miner and Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Maryland | |
| 13. FATHER'S NAME John J. Garrett | | 14. MOTHER'S MAIDEN NAME Hester Jane King | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Paul Kemphfer Address Oakland, Md. | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>422.1</i> DUE TO <i>Assister & Pulmonary edema</i> INTERVAL BETWEEN ONSET AND DEATH <i>1/2 yrs</i> Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) <i>Atherosclerotic Cardiovascular</i> DUE TO <i>Disease</i> <i>15 yrs</i> (c) | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>Massive Thyroid Adenoma</i> | | | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19 | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20f. (City or town) (County) (State) | |
| 21. I certify that I attended the deceased from <i>March</i> , 1958, to <i>June</i> , 1958, that I last saw the deceased alive on <i>May 30</i> , 1958, and that death occurred at <i>10400A</i> , from the causes and on the date stated above. | | | |
| ACTUAL SIGNATURE <i>Herbert H. Leighton</i> | | ADDRESS (Street, city or town, state) <i>77 Oak St. Oakland, Md.</i> DATE SIGNED <i>Jan 58</i> | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 22b. DATE THEREOF 6/8/1958 | |
| 22c. NAME OF CEMETERY OR CREMATORIUM Bray Cemetery | | 22d. LOCATION (City, town, or county) near Oakland, Md. (State) | |
| 23. FUNERAL-DIRECTOR'S SIGNATURE <i>H.C. Leighton</i> | | ADDRESS Oakland, Md. | |
| | | 24a. REC'D BY REGISTRAR DATE JUN 10 '58 | |
| | | 24b. REGISTRAR'S SIGNATURE <i>Al Leighton</i> | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. Pages 1, 2, and 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1, 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6868 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06862

Reg. Dist. No.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute this certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Farm PM3. Page 5 may be retained for you.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File Pages 1 and 2 with the registrar prior to burial, cremation, or removal.

| | | | |
|--|------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Garrett Oakland MARYLAND | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE West Va. b. COUNTY Preston | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL Oakland) | | c. LENGTH OF STAY IN 1b 2½ hrs. | |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Garrett Co. Memorial Hospital, Oakland, Md. | | e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) | First Leonard Loren | Middle Hershman | 4. DATE OF DEATH 6 15 Day Year 19 58 |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 12-30-28 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Miner | | 10b. KIND OF BUSINESS OR INDUSTRY Soft Coal Mines | |
| 11. BIRTHPLACE (State or foreign country) Near Hutton, Md. | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | |
| 13. FATHER'S NAME Albert Dayton Hershman | | 14. MOTHER'S MAIDEN NAME Bertha Alice Keener | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. 832-44-832 6 | |
| 17. INFORMANT Albert Dayton Hershman | | Address Box 55 Hutton, Md. | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Intercranial hemorrhage secondary to multiple fractures of skull</u> INTERVAL BETWEEN ONSET AND DEATH DUE TO <u>823X</u> 3 hours Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO (c) | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Auto accident, struck tree head on. Not driver of car. | | | |
| 20c. TIME OF INJURY Month, Day, Year Hour a.m. 3 832X 6-15 19 58 | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/> Highway | |
| 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20f. (City or town) (County) (State) Hopemont Preston W. Va. | |
| 21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> . | | | |
| ACTUAL SIGNATURE EXAMINER'S NAME (Type) James H. Feaster, Jr., M. D. | | DATE SIGNED M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> (Acting) 6-15-58 | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 22b. DATE THEREOF 6/17/1958 | |
| 22c. NAME OF CEMETERY OR CREMATORIALy | | 22d. LOCATION (City, town, or county) (State) Pleasant Valley Cemetery, near Oakland, Md. | |
| 23. FUNERAL DIRECTOR'S SIGNATURE H.C. Leighton | | ADDRESS Oakland, Md. | |
| | | 24a. REC'D BY REGISTRAR DATE JUN 18 '58 | |
| | | 24b. REGISTRAR'S SIGNATURE W. E. Smith | |

© VIVIDICAL EXHIBITION OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06863

Reg. Dist. No.

6863

PLACE OF DEATH
a. COUNTY

Garrett

MARYLAND

b. CITY OR TOWN (If outside corporate limits, write RURAL
and give nearest town)

Oakland

c. LENGTH OF STAY IN 1b

6 Hours

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

Garrett County Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)

a. STATE

b. COUNTY

Garrett

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Rural SWANTON

d. STREET ADDRESS

Route # 1

e. IS RESIDENCE
ON A FARM?

YES NO

3. NAME OF
DECEASED
(Type or print)

First

Middle

Last

4. DATE
OF
DEATH

Month

Day

Year

June

3

19 58

5. SEX

6. COLOR OR RACE

7. MARRIED NEVER MARRIED

8. DATE OF BIRTH

9. AGE (In years
last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HRS.

Female

White

WIDOWED

DIVORCED

7-15-56

1

yr.

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Infant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Russell E. Knox

14. MOTHER'S MAIDEN NAME

Florence Hare

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unknown)
If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

"Father" Russell E. Knox, Rt. #1, Swanton, Md.

Address

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)

Fractured skull (multiple)

INTERVAL BETWEEN
ONSET AND DEATH

9 hours

910.1

DUE TO

Intercranial hemorrhage, acute

Conditions, if any, which
gave rise to immediate cause
(a), stating the underlying
cause last.

DUE TO

Contusion of brain

II II

(c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY
PERFORMED?

YES NO

20a. EXTERNAL CAUSE WAS
PRIMARY OR CONTRIBUTING
CAUSE OF DEATH.

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

Child playing in a barn and a timber 8"x10"x18' fell four feet and
struck child on top of the head.

20c. TIME OF INJURY Month, Day, Year

Hour 8 2 1958

20d. INJURY OCCURRED While at work Not while at work

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town)

(County)

(State)

Farm

Rural

Rt. 1 Swanton, Garr., Md.

21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .

ACTUAL
SIGNATURE

EXAMINER'S
NAME (Type)

James H. Feaster Jr., M.D.

M.D. CHIEF MEDICAL EXAMINER ACTING

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

DATE SIGNED

6.3.58

22a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

22b. DATE THEREOF

6/5/1958

22c. NAME OF CEMETERY OR CREMATORIUM

North Glade Cemetery

22d. LOCATION (City, town, or county)

near Swanton, Md.

(State)

23. FUNERAL DIRECTOR'S SIGNATURE

H.C. Leighton

ADDRESS

Oakland, Md.

24a. REC'D BY REGISTRAR

JUN 6 '58

24b. REGISTRAR'S SIGNATURE

Alt. Leighton

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute it in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your records.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File Pages 1 and 2 with the registrar prior to burial, cremation, or removal.

WISCONSIN STATE BOARD OF HEALTH - BIRMINGHAM

CERTIFICATE OF DEATH

1900

1900

1900

1900

1900

1900

1900

1900



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6870

CERTIFICATE OF DEATH

06864

Reg. Dist. No.

| | | | | | | | | |
|---|---------------------------|---|----------------------------------|---|-----------------------------------|---|-----------|--------------|
| 1. PLACE OF DEATH o. COUNTY Garrett | | MARYLAND | | 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Md. | | b. COUNTY Garrett | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bloomington | | c. LENGTH OF STAY IN lb 69 Yrs | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bloomington | | | | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION | | | | d. STREET ADDRESS | | e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) | | First Walter | Middle Harrison | Last Mitter | 4. DATE OF DEATH June 17 1958 | Month June | Day 17 | Year 1958 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> | B. DATE OF BIRTH June 4, 1889 | 9. AGE (In years last birthday) 69 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner | | 10b. KIND OF BUSINESS OR INDUSTRY Coal Mine | | 11. BIRTHPLACE (State or foreign country) Maryland | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |
| 13. FATHER'S NAME Louis Mitter | | | | 14. MOTHER'S MAIDEN NAME Anna Barricks | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. no 236-03-3990 | | 17. INFORMANT Mrs. Walter Mitter Bloomington, Md. | | Address | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 163X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO (c) | | Carcinoma of lung | | | | INTERVAL BETWEEN ONSET AND DEATH unknown | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 260X Diabetes mellitus | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner) | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1b.) | | | | | | |
| 20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19 | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> at work <input type="checkbox"/> | | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) | | | | |
| 21. I certify that I attended the deceased from April 3, 1958, to June 17, 1958, that I last saw the deceased alive on June 16, 1958, and that death occurred at 2:00 P.M., from the causes and on the date stated above. | | | | ADDRESS (Street, city or town, state) | | DATE SIGNED 6/19/58 | | |
| ACTUAL SIGNATURE <i>Paul T. Healy</i> | | M.D. | | 30 N. Main St. mKeyser, W. Va. | | | | |
| PHYSICIAN'S NAME (Type) Paul T. Healy, M. D. | | | | | | | | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 22b. DATE THEREOF 6/21/58 | | 22c. NAME OF CEMETERY OR CREMATORIUM Bloomington, Md. | | 22d. LOCATION (City, town, or county) Bloomington, Md. | | |
| 23. FUNERAL DIRECTOR'S SIGNATURE <i>E. Boal</i> | | ADDRESS Westernport, Md. | | 24a. REC'D BY REGISTRAR DATE JUN 20 '58 | | 24b. REGISTRAR'S SIGNATURE <i>Asst. Health</i> | | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be signed by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 2 and 3 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

81. ПРОГНОЗЫ ОБРАЩЕНИЯ ДЕНЬГАМИ В РАСЧЕТНО-ПОСТАВОЧНЫХ ОПЕРАЦИЯХ

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06865

Reg. Dist. No.

6871

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your records.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File Pages 1 and 2 with the registrar prior to burial, cremation, or removal.

| | | | |
|---|---------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Garrett | | 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kitzmiller | | c. LENGTH OF STAY IN lb 40 yrs. | |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ----- | | e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) Carlton Oliver Mosser | | 4. DATE OF DEATH Month June Day 6, Year 1958 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH January 5, 1909 |
| 9. AGE (In years last birthday) 49 yrs. | | 10. IF UNDER 1 YEAR Months Days | 11. IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Miner | | 10b. KIND OF BUSINESS OR INDUSTRY Soft Coal Mines | |
| 11. BIRTHPLACE (State or foreign country) Maryland. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME Charles Mosser | | 14. MOTHER'S MAIDEN NAME Amanda Glass | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. 216-01-4822 17. INFORMANT Mrs. Carlton Mosser Kitzmiller, Md. | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction, acute</u> DUE TO <u>420.1</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c) | | | |
| INTERVAL BETWEEN ONSET AND DEATH 10 mins. | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Hour a. m. p. m. | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) |
| 21. I certify that I took charge of the remains described above, held on Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Nutrol causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> . | | | |
| ACTUAL SIGNATURE <i>James H. Feaster</i> | | DATE SIGNED M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> Acting 6-6-58 | |
| EXAMINER'S NAME (Type) James H. Feaster, Jr., M. D. | | | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 22b. DATE THEREOF 6/9/1958 22c. NAME OF CEMETERY OR CREMATORIUM Nethken Hill Cemetery | |
| 22d. LOCATION (City, town, or county) Elk Garden, W. Va. (State) | | | |
| 23. FUNERAL DIRECTOR'S SIGNATURE <i>T.C. Leighton</i> | | ADDRESS Oakland, Md. 24a. REC'D BY REGISTRAR DATE JUN 10 '58 24b. REGISTRAR'S SIGNATURE <i>John Leach</i> | |

LEGAL EXAMINEE'S CERTIFICATE OF DEATH

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

V.S. AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06866

CERTIFICATE OF DEATH

6872

Reg. Dist. No.....

| | | | |
|--|-----------------------|--|------------------------|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (HOME) OF DECEASED | |
| COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN | GARRETT KITZMILLER | STATE CITY (If outside corporate limits, write RURAL and give nearest town) TOWN | MARYLAND KITZMILLER |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | CHURCH STREET | STREET ADDRESS | CHURCH STREET |
| 3. NAME OF DECEASED (Type or Print) | | 4. DATE (Month) OF DEATH | |
| (First) | (Middle) | (Last) | (Day) |
| MARGARET | | PORTER | JUNE 13 |
| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH |
| Female | White | Married | Oct. 30, 1882 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if disabled) | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| Housework | | Own Home | |
| 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN NAME | |
| DAVID ENGLE SMITH | | ELIZABETH THOMPSON | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unk.) | | 16. SOCIAL SECURITY NO. | |
| No | | 216-01-4887B | |
| 17. INFORMANT & ADDRESS | | W. V. INTERVAL BETWEEN ONSET AND DEATH | |
| Mrs. Beuna Selders, R#3, Elk Garden, | | Death occurred 5 yrs 5 yrs | |
| 18. MEDICAL CERTIFICATION | | | |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | | |
| 420.1 IMMEDIATE CAUSE (A) <i>Coronary Thrombosis</i> | | | |
| ANTECEDENT CAUSE(S) DUE TO | | | |
| DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO | | | |
| (C) <i>Coronary Heart Disease</i> <i>Hypertension</i> | | | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | |
| 21c. WHERE DID INJURY OCCUR? (City or town) | | (County) (State) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | |
| | | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from <i>June 17, 1958</i> , to <i>June 13, 1958</i> , that I last saw the deceased alive on <i>June 17, 1958</i> , and that death occurred at <i>5:15 P.M.</i> from the causes and on the date stated above. | | | |
| SIGNATURE <i>Ralph Colandella</i> M.D. | | | |
| ADDRESS (Street, city, town, state) <i>Kingsville</i> and <i>June 14-58</i> DATE SIGNED | | | |
| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | | DATE THEREOF | |
| Burial | | 6/17/1958 | |
| NAME OF CEMETERY OR CREMATORIUM | | LOCATION (City, town, or county) | |
| Laurel Hill Cemetery | | (State) Moscow, Allegany Co., Md. | |
| 24. REC'D BY REGISTRAR | | REGISTRAR'S SIGNATURE | |
| DATE <i>JUN 18 '58</i> | | REGISTRAR'S SIGNATURE <i>A. Leach</i> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE | | ADDRESS <i>H. Leighton Oakland, Md.</i> | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death. Page 4 may be joined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6873

CERTIFICATE OF DEATH

Reg. Dist. No.

06867

| | | | | | | | |
|--|------------------------|---|--------------------------------|---|---------------------------|---|-------------|
| 1. PLACE OF DEATH a. COUNTY | | Garrett MARYLAND | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE | | Maryland | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Finzel | | c. LENGTH OF STAY IN lb life | | b. COUNTY | | Garrett | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION | | | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Finzel (Frostburg, Rt. 2) | | | |
| 3. NAME OF DECEASED (Type or print) | | First CLARENCE | Middle R. | Last ROSENBERGER | 4. DATE OF DEATH | Month JUNE | Day 1, 1958 |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | B. DATE OF BIRTH Mar. 17, 1872 | 9. AGE (in years last birthday) yrs. 86 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired lumberman | | 10b. KIND OF BUSINESS OR INDUSTRY own business | | 11. BIRTHPLACE (State or foreign country) Maryland | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME Godfrey Rosenberger | | 14. MOTHER'S MAIDEN NAME Margaret Bittner | | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>If yes, give war or dates of service</i> | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT Elmer Rosenberger, Frostburg, Rt. 2 | | Address | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 492K DUE TO <i>Pneumonia</i> | | | | | | INTERVAL BETWEEN ONSET AND DEATH 8 days | |
| Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c) | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>Cerebral Hemorrhage</i> | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner) | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | | |
| 20c. TIME OF INJURY Hour o. m. p. m. 19 | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | | 20e. PLACE OF INJURY (Home, farm, factory, street, office-bldg., etc.) | | 20f. (City or town) (County) (State) | |
| 21. I certify that I attended the deceased from <u>DEC.</u> , 1957, to <u>JUNE 1, 1958</u> , that I last saw the deceased alive on <u>JUNE 1, 1958</u> , and that death occurred at <u>4:45 PM</u> , from the causes and on the date stated above. | | | | | | ADDRESS (Street, city or town, state) Broadway, | |
| ACTUAL SIGNATURE <i>Martin Rothstein</i> | | | | | | DATE SIGNED | |
| PHYSICIAN'S NAME (Type) Martin Rothstein, M. D. | | | | | | | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 22b. DATE THEREOF 6-4-1958 | | 22c. NAME OF CEMETERY OR CREMATORIUM Greenville Cemetery | | 22d. LOCATION (City, town, or county) (State) Pocohontas, Pa. | |
| 23. FUNERAL DIRECTOR'S SIGNATURE J. R. Durst, Frostburg, Md. | | ADDRESS | | 24a. REC'D BY REGISTRAR DATE JUN 4 '58 | | 24b. REGISTRAR'S SIGNATURE <i>Albert Reich</i> | |

2025 RELEASE UNDER E.O. 14176

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6874

CERTIFICATE OF DEATH

06868

Reg. Dist. No.

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Garrett | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Mt. Lake Park | | c. LENGTH OF STAY IN 1b 35 yrs. | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 2 mi. east, Mt. Lake Park | | e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Mt. Lake Park | |
| 3. NAME OF DECEASED (Type or print) Daisy | | First Ellen | Middle Stottlemeyer |
| 4. DATE OF DEATH June 27, 1958 | Month June | Day 27 | Year 1958 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Nov. 17, 1882 |
| 9. AGE (In years (birthday) yrs. 75 | 10. IF UNDER 1 YEAR Months 0 | 11. IF UNDER 24 HRS. Days 0 | 12. IF UNDER 24 HRS. Hours 0 |
| 13. FATHER'S NAME Horace Duckworth | 14. MOTHER'S MAIDEN NAME Lydia Murphy | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. --- | 17. INFORMANT Mrs. Nellie Calhoun | Address Mt. Lake Park, Md. |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] | | | |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 442x DUE TO <i>Acute myocardial suffusion</i> | | | |
| Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause first. (b) Carbolic fumigations DUE TO <i>with hypotension</i> | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m. | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20f. (City or town) (County) (State) | |
| 21. I certify that I attended the deceased from June 26, 1958 , to June 27, 1958 , that I last saw the deceased alive on June 26, 1958 , and that death occurred at 4:00 P.M. from the causes and on the date stated above. | | | |
| ACTUAL SIGNATURE <i>Ralph Calandrella</i> | | ADDRESS (Street, city or town, state) Kitzmiller, Md. | |
| PHYSICIAN'S NAME (Type) Ralph Calandrella, M. D. | | DATE SIGNED 6/30/58 | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 22b. DATE THEREOF 6/30/1958 | 22c. NAME OF CEMETERY OR CREMATORIUM Hamill Cemetery | 22d. LOCATION (City, town, or county) (State) near Kitzmiller, Md. |
| 23. FUNERAL DIRECTOR'S SIGNATURE <i>H.C. Leighton</i> | | 24a. REC'D BY REGISTRAR ADDRESS Oakland, Md. | 24b. REGISTRAR'S SIGNATURE <i>Albert French</i> |
| | | DATE JUL 2 '58 | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4 may be signed by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
6875 CERTIFICATE OF DEATH

06869

Reg. Dist. No.

| | | | | | | | |
|---|----------------------------------|---|--|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Garrett MARYLAND | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE West Virginia b. COUNTY Preston | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hutton | | c. LENGTH OF STAY IN 1b 2 days | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Terra Alta | | d. STREET ADDRESS 207 West High Avenue | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Tannery Road | | | | e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) | | First Ida | Middle Rachel | Lost Tasker | 4. DATE OF DEATH Month June | Day 23 | Year 1958 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH November 24, 1873 | 9. AGE (In years lost birthday) 84 yrs. | 10. IF UNDER 1 YEAR 6 months | 11. IF UNDER 24 HRS. 29 days | 12. Hours Min. 0 hours 0 min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Terra Alta, W.Va. | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | |
| 13. FATHER'S NAME Joseph Smith | | | | 14. MOTHER'S MAIDEN NAME Anna Hardesty | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Junior Tasker, Terra Alta, W.Va. | | Address | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Stock, Perforated Peptic Ulcer | | | | INTERVAL BETWEEN ONSET AND DEATH 5 hrs | | | |
| 151X Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. Peptic Carcinoma (Stomach) | | DUE TO Senility etc. | | 2 years | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) | | | | | | | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | | |
| 20c. TIME OF INJURY Month, Day, Year Hour o.m. p.m. 19 | | 20d. INJURY OCCURRED White Not white at work <input type="checkbox"/> at work <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Terra Alta, W.Va. | | (County) | (State) |
| 21. I certify that I attended the deceased from June 23, 1958 , to June 23, 1958 , that I last saw the deceased alive on June 23, 1958 , and that death occurred at 5:45 A.M. Mt. from the causes and on the date stated above. | | | | | | | |
| ACTUAL SIGNATURE Charles E. Smith | | | | ADDRESS (Street, city or town, state) Terra Alta, West Virginia | | | |
| PHYSICIAN'S NAME (Type) Charles E. Smith | | DATE SIGNED 6/24/58 | | | | | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) Removal & Burial | | 22b. DATE THEREOF 6/25/58 | | 22c. NAME OF CEMETERY OR CREMATORIAL Tasker Cemetery | | 22d. LOCATION (City, town, or county) (State) near Terra Alta, West Virginia | |
| 23. FUNERAL DIRECTOR'S SIGNATURE Charles E. Smith | | | | ADDRESS Terra Alta, West Virginia | | 24a. REC'D BY REGISTRAR JUN 25 '58 | 24b. REGISTRAR'S SIGNATURE Charles E. Smith |
| VS A1S (4) 1SM 9/55 | | | | | | | |

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6876

CERTIFICATE OF DEATH

86870

Reg. Dist. No.

| | | | | | | | | | | | | | | |
|---|----------------------------------|---|---|--|---|--|---------------------------------------|---------------------|--|--|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY GARRETT | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND | | | | | | | | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OAKLAND | | | | c. LENGTH OF STAY IN lb 3 days | | | | | | | | | | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION GARRETT COUNTY MEMORIAL HOSPITAL | | | | e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | | | | | | |
| 3. NAME OF DECEASED (Type or print) | | First Sara | Middle Elizabeth | Last Wade | 4. DATE OF DEATH June 8 1958 | Month June | Day 8 | Year 1958 | | | | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> | WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | B. DATE OF BIRTH October 31, 1874 | 9. AGE (In years last birthday) 83 yrs. | IF UNDER 1 YEAR Months 0 | IF UNDER 24 HRS. Hours 0 | Min. 0 | | | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | | 10b. KIND OF BUSINESS OR INDUSTRY | | | 11. BIRTHPLACE (State or foreign country) Friendsville, Maryland | | | | | | | | |
| 13. FATHER'S NAME Joseph Vernon Lint | | | | 12. CITIZEN OF WHAT COUNTRY Garrett, USA | | | | | | | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Mrs. Pearl Shultz | | Address | | | | | | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO 420.1 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) INTERVAL BETWEEN ONSET AND DEATH One wk. | | | | | | | | | | | | | | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | | | | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | |
| 20c. TIME OF INJURY Hour o. m. p. m. 19 | | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | | | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) | | | | | | | | |
| 21. I certify that I attended the deceased from June 5, 1958 , to June 8, 1958 , that I last saw the deceased alive on June 8, 1958 , and that death occurred at 11:30 A.M. , from the causes and on the date stated above. | | | | | | | | | ADDRESS (Street, city or town, state) M.D. Oakland, Md. | | | | | |
| ACTUAL SIGNATURE Joseph Alvarez | | | DATE SIGNED June 9, 1958 | | | | | | | | | | | |
| PHYSICIAN'S NAME (Type) JOSEPH ALVAREZ, M. D. | | | Oakland, Maryland | | | | | | | | | | | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 22b. DATE THEREOF 6/11/58 | | 22c. NAME OF CEMETERY OR CREMATORIUM Addison | | 22d. LOCATION (City, town, or county) (State) ADDISON SOMERSFT Co Pa | | | | | | | | |
| 23. FUNERAL DIRECTOR'S SIGNATURE Don J Newman, Grantville, Md | | | ADDRESS Addison | | | 24a. REC'D BY REGISTRAR DATE JUN 12 '58 | | | 24b. REGISTRAR'S SIGNATURE Albert Smith | | | | | |

MANUFACTURE STATEMENT—RECEIVED—SAVING—10

NO. 5 CERTIFICATE OF DEATH

STATE

DEATH DATE 1917-10-01

